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# **Assertive Community Treatment:**

## **The Basics**

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# Today's Goals

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- **What ACT is and how it works**
- **Brief overview of ACT in Iowa**

Next webinar June 3<sup>rd</sup>, 2016 – 10 am

ACT – Beyond the Basics: Team Start Up

# The Fundamentals of ACT

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- Who has it been used for?
- Why it is needed?
- What does it consist of?
- How well does it work?

# The Fundamentals of ACT

Who is it for?

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- **People with Serious Mental Illness (SMI)**
  - Primarily schizophrenia, schizoaffective, bipolar and severe depressive disorders
- **Highest utilizers of health care resources**
  - Institutionalization
  - Acute hospitalization
  - Homeless/jailed

# The Fundamentals of ACT

## Why ACT is needed

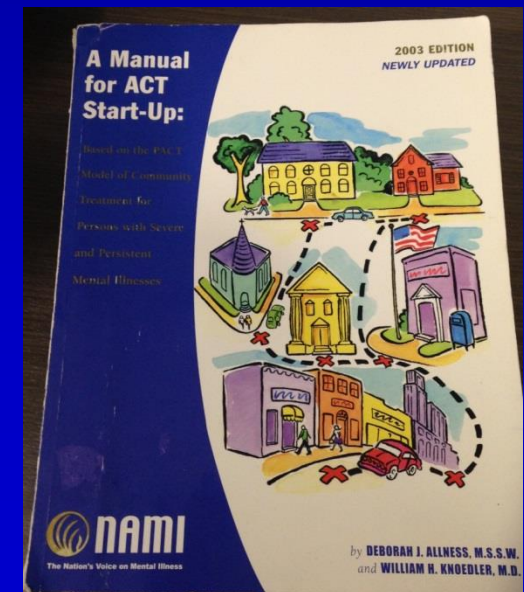
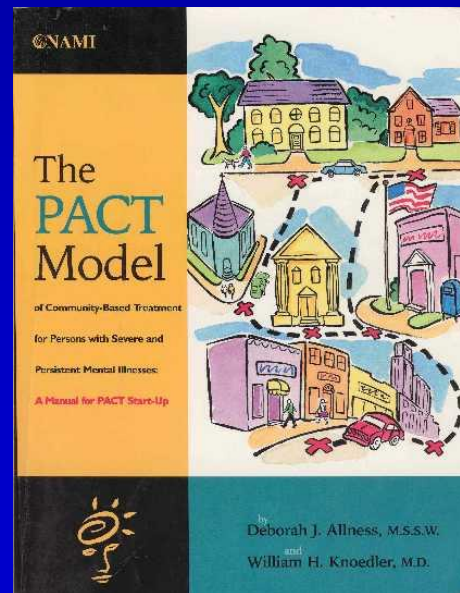
*Bad outcomes for those with serious mental illness compared with general population:*

- 10 x suicide rate
- 10 x HIV rate
- 3 x substance abuse
- 8 x violence rate (if SMI and substance abuse)
- > 28% of homeless in U.S. have SMI
- ~20 year shorter life expectancy

# The Fundamentals of ACT

## What ACT is – the Origins

- Wisconsin 1970's
- Mendota State Hospital
- Len Stein MD, Mary Ann Test
- “Hospital without Walls”



# The Fundamentals of ACT

## What ACT is: Key Features\*

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- Multidisciplinary staff
- Team approach
- Locus of care in the community
- Favorable ratio (8:1 or less if very rural/high need)
- Assertive outreach
- 24/7 availability for crisis intervention
- Fixed point of responsibility for service
- Time unlimited services

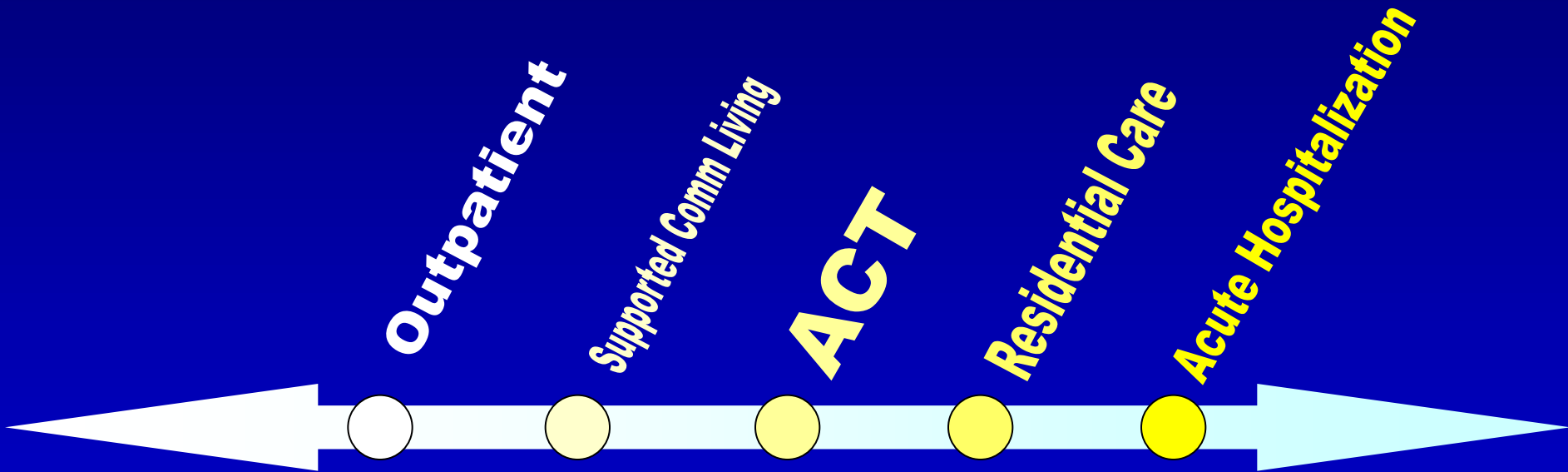
***ACT is a service delivery model not a case management model***

*\*Programs that adhere most closely to the model are most likely to get the good outcomes.*

# The Fundamentals of ACT

## ACT in the Continuum of Care

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# The Fundamentals of ACT

## What ACT is: Key Activities

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### Intensive treatment, support and rehabilitation

- Visits in home as often as daily to assist with medication and symptom management.
- Assistance with activities of daily living
  - Grooming and hygiene
  - Upkeep of home
  - Shopping and meal preparation
  - Money management
- Assistance with general health management
- Assistance with benefits enrollment and eligibility
- Assistance with transportation and use of public transportation
- Assistance to reduce/eliminate the use of alcohol and drugs
- Assistance to find and keep a job
- Assistance to make and keep friends

# **The Fundamentals of ACT**

## **Daily operations**

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### **IMPACT Admission Criteria:**

- **Diagnoses - Schizophrenia, Schizoaffective, Bipolar Disorder, refractory Depressive Disorder**
- **High utilization of services**
- **Funding source**
- **Proximity to Iowa City ('windshield time')**

# The Fundamentals of ACT Daily Rounds

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- Each client, each day
- All team members
- Report on last 24 hours, plan for today
  - Coordination
  - Accountability

# The Fundamentals of ACT

## “First things First”

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- Assessment
- Housing
- Medications

# **The Fundamentals of ACT**

## **Help with Daily Living - a lot to Manage**

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- **Accessing and maintaining benefits**
  - Social Security, Medicaid eligibility
  - Food stamps
- **Maintaining activities of daily living**
  - Bathing, grooming, housekeeping
  - Transportation, cooking, taking medications
  - Paying bills
- **Trying to “have a good day”**
  - Work
  - Friends and Recreation



# The Fundamentals of ACT

## Home Visits

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- We average 3-4 visits for each client per week
- Range is from once a week to twice daily
- Dollars well spent



# The Fundamentals of ACT

## Work – often the best treatment

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From our training at the original team in Madison:

“if you have a pulse, you are eligible to work”.



# **The Fundamentals of ACT**

## **How well ACT works - Outcomes**

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- **Fewer hospitalizations**
- **Better retention in mental health services**
- **Improved housing stability**
- **Fewer contacts with law enforcement**
- **High satisfaction (clients and families)**
- **Cost effective**
- **Over 30 years of research...findings have been replicated > 25 randomized controlled trials**



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# Assertive Community Treatment In Iowa

# **ACT in Iowa**

## **Timeline – Some Key Events**

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<b>1996</b>	<b>First Team – IMPACT in Iowa City</b>
<b>1998</b>	<b>Teams in Des Moines, Cedar Rapids</b>
<b>2003- 2010</b>	<b>Technical Assistance Center</b>
<b>2004</b>	<b>Fort Dodge Team</b>
<b>2006</b>	<b>Council Bluffs Team</b>
<b>2009</b>	<b>ACT on the Medicaid ‘menu’ of services</b>
<b>2011</b>	<b>Forensic team in Des Moines (FACT)</b>

# ACT in Iowa

## Outcome Measures – Pre and Post ACT\*

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	<u>Pre</u>	<u>Post</u>	<u>Chg.</u>
Hospitalization	4.8	1.0	-79%
RCF/MHI	13.1	0.8	-94%
Homeless	2.3	0.6	-75%
Incarcerated	2.4	0.5	-79%
Unemployed	83%	55%	-34%
Abusing substances	25%	21%	-16%

\* Paid for by the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Community Reinvestment funding

# ACT in Iowa

How many teams do we need?

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**2006 Study to identify minimum number of ACT teams community might need** (Cuddeback et al. Psychiatric Services 2006)

- Identified persons receiving services in their county with severe mental illness and > 3 psychiatric hospitalization in one year.
  - ♦ Severe mental illness = diagnosis + SSI/SSDI + inpatient utilization [long single hospitalization (> 6months) in past five years, or 2-3 hosp in last year].
- .06% of adult population

# **ACT in Iowa**

How many teams do we need?

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- **Limitations of Study**

- **Underestimate of true need.**
- **Not counted are:**
  - ◆ **Those not already connected to MH system**
  - ◆ **Those not on SSI/SSDI**
  - ◆ **Those with less than 3 hospitalizations/year**
  - ◆ **Those with jail time/homelessness**

# ACT in Iowa

## How many teams do we need?

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- **General Rules:**

- Roughly 1 adult person in every thousand in the general population needs ACT.
- Iowa, with a population > 18 yo of ~2.3 million, might have 2,300 people that need ACT.
- Each PACT team averages about 60-80 clients.
- Iowa could have 25 -35 ACT teams.

# ACT in Iowa

## How Many Teams do we Need?

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- **Urban areas: ~ 14 teams**

- Des Moines 3 teams
- Cedar Rapids 2 teams
- Davenport 2 teams
- Waterloo 2 teams
- Dubuque
- Iowa City
- Ames
- Sioux City
- Mason City

# ACT in Iowa

## How Many Teams do we Need : Rural

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- Very little written or researched in past decade
- “Rural” not well defined in terms of geographic boundaries or “reach” for any one team.
- Drive time requires a lower client to staff ratio and thus a higher cost per person per month.
- Team size is generally smaller which also escalates per person per month cost.
- There may be more work force shortage issues for rural teams.



# ACT in Iowa

## Challenges

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- Start up Funding
- Workforce shortages
- Resistance to change

# **The Challenges**

## **Funding for ACT - Start Up Costs**

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- **Programs typically lose money for the first few years.**
  - **Low census**
  - **Need for technical assistance and consulting**
  - **Facilities start-up**
- **Short fall can be \$.5 to \$1 million.**
- **No current mechanism to provide start up; each start up requires a special arrangement.**

# **The Challenges**

## **Workforce Shortage**

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- **Psychiatrist shortage well documented**
  - Increase exposure in training – Iowa City, other ACT sites
  - Provide incentives; remove disincentives
- **Use of ARNP' and PA's with psychiatrist back up**
  - Provided for in ACT standards in IN, IA, MI, MN, IL, UT, WI, MT, NY, WA
  - Telepsychiatry?

# **The Challenges**

## **Resistance to Change**

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- **We don't need it**
  - **“What we do is just as good as ACT”**
  - **“ACT would take away from current programs”**
- **We need it, but we can't do it**
  - **No one to head up the effort**
  - **Not enough capacity: time, money, space, etc**

# ACT in Iowa

## Conclusions

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- Iowa has demonstrated ability to do ACT and achieve the benefits.
- Other states have overcome challenges for expansion --- and we can too
- Recent developments encouraging for growth of ACT in Iowa

# ACT Resources

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Iowa Consortium for Mental Health website has much information:

<http://www.medicine.uiowa.edu/ICMH/act/>

Toolkit for ACT: SAMHSA

<http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

The PACT model of community-based treatment for persons with severe and persistent mental illnesses. 1998 Allness, Knoedler

A Manual for ACT Start-Up. 2003 Allness, Knoedler



# Thank you!

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## Questions?



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